



## Complete Summary

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### TITLE

Emergency medicine: percentage of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead ECG performed.

### SOURCE(S)

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with an emergency department discharge diagnosis of syncope who had a 12-lead electrocardiogram (ECG) performed.

### RATIONALE

Electrocardiogram (ECG) can occasionally pick up potentially life-threatening conditions such as pre-excitation syndromes, prolonged QT syndromes, or Brugada's syndrome in otherwise healthy appearing young adults. ECG testing is performed inconsistently, even in high risk patients; the largest study to date of ECG testing variation in emergency department (ED) syncope visits using a 9 year

national sample illustrated that ECG testing was documented in only 59% of ED syncope visits.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Obtain a standard 12-lead ECG in patients with syncope. (American College of Emergency Physicians [ACEP])

- A patient with a normal ECG has a low likelihood of dysrhythmias as a cause of syncope.
- Abnormal ECG has been associated as being the most important predictor of serious outcomes and a multivariate predictor for arrhythmia or death within 1 year after the syncopal episode.

## **PRIMARY CLINICAL COMPONENT**

Emergency department (ED); syncope; electrocardiogram (ECG)

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had a 12-lead electrocardiogram (ECG) performed

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement  
National reporting

### Application of Measure in its Current Use

#### **CARE SETTING**

Emergency Medical Services  
Hospitals

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

#### **TARGET POPULATION AGE**

Age greater than or equal to 18 years

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Getting Better

### **IOM DOMAIN**

Effectiveness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

#### **Inclusions**

All patients aged 18 years and older with an emergency department discharge diagnosis of syncope

#### **Exclusions**

- Documentation of medical reason(s) for not performing an electrocardiogram (ECG)
- Documentation of patient reason(s) for not performing an electrocardiogram (ECG)

### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

### **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

#### **DENOMINATOR TIME WINDOW**

Time window is a single point in time

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Patients who had a 12-lead electrocardiogram (ECG) performed

##### **Exclusions**

None

#### **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Encounter or point in time

#### **DATA SOURCE**

Administrative data  
Medical record

#### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### **PRE-EXISTING INSTRUMENT USED**

Unspecified

### **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Measure #3: electrocardiogram performed for syncope.

**MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

**MEASURE SET NAME**

[Emergency Medicine Physician Performance Measurement Set](#)

**SUBMITTER**

American Medical Association on behalf of the American College of Emergency Physicians, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance

**DEVELOPER**

American College of Emergency Physicians  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

**FUNDING SOURCE(S)**

Unspecified

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **ENDORSER**

National Quality Forum

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2006 Oct

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

**MEASURE AVAILABILITY**

The individual measure, "Measure #3: Electrocardiogram Performed for Syncope," is published in the "Emergency Medicine Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 12, 2007. The information was verified by the measure developer on November 21, 2007.

**COPYRIGHT STATEMENT**

Measures including specifications

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